		2
	ŕ	77
	٠.	:
	÷	=
	÷	:
	ď	:::
	ì	**
-	;	E 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
;		7
		Ť
i	.55550	
::		
	;	2
1	3	Ā
	22 23	7
L	ä	Ē
i,	23 13	A 141.16
ì.		2

60/246,057

Please type a plus sign (+) inside	e this box \longrightarrow		Approved fo	or use through 10	PTO/SB/01 (10-00)	
Approved for use through 10/31/2002, OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.						
		Attorney Docke	t Number			
DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)					Brooks	
			COMPLETE IF KNOWN			
		Application Num	nber			
, x	Declaration Submitted after Initial Filing (surcharge	Filing Date				
Declaration Submitted OR		Group Art Unit				
with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Name	,			
As a below named inventor, I he	reby declare that:					
My residence, mailing address, an	d citizenship are as state	ed below next to my nam	ne.			
I believe I am the original, first and names are listed below) of the sub	l sole inventor (if only on iject matter which is clair	e name is listed below) oned and for which a pate	or an original, ent is sought	first and joint ir on the inventior	nventor (if plural n entitled:	
	r Screening Telep					
the specification of which	(Ti	tle of the Invention)				
is attached hereto						
OR was filed on (MM/DD/YYYY)		as United St	ates Applicati	on Number or f	PCT International	
Application Number and was amended on (MM/DD/YYYY) (if applicable).						
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as						
amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claime		d Copy Attached?	
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Application Number(s)	Filing Date	e (MM/DD/YYYY)		tional provision	al application	

11/06/00

Additional provisional application numbers are listed on a supplemental priority data sheet

PTO/SB/02B attached hereto.

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this but under the Paperwork Reduction Act of 1995,	,		U respond to	.S. Petent s collection	and Trademark Off	PTD/SB/01 (10:00) use through 10/31/2002. OMB 0651-0032 ice; U.S. DEPARTMENT OF COMMERCE use it contains a valid OMB control number.
DECLARATIO	N — L	Jtility	or De	sig	n Patent	Application
	uslomer Nu r Bar Code i] 🔭 🗆	Correspondence address below
Name Matthew J.	Peirce,	Esq.				
Address 1550 Starli	ght Can	yon Ave	enue	·		
Address						
cny Las Vegas				State NV		ZIP 89123
Country USA		Telephone	(702	366-	9990	(702) 366-9991 Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or impresonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the velidity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INV	NAME OF SOLE OR FIRST INVENTOR: A petition has been filled for this unsigned inventor					
Given Name (first and middle [if any]) Fr	Eronk Brooks					Brooks
Inventor's Depth L. Brooks Dete 10-29-01						
Residence: City Philade	phia		State		Country USA	Citizenship USA
Mailing Address 1207 S	57 th St					
Mailing Address						
chy Philadelphia	State	PA		zip 1	9143	Country USA
NAME OF SECOND INVENTOR:						
Given Name (first and middle (if any))	merithera e			Family A		
inventor's Signature						Date
Residence: City	· · · · · · · · · · · · · · · · · · ·		State		Country	Citizenship
Mailing Address						
Mailing Address						
City	State			ZIP		Country
Additional inventors are being named	on the	supplemer	ntal Addition	al Invent	or(s) sheet(s) PT	O/SB/02A attached hereto.

PTO/SB/09 (12:97)
Approved for use through 9/30'00, OMB 065', 003'
Partent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paparwork Reduction Act of 1935, no persons are required to respond to a collection of information unless it displays a valid OMB control number

STATEMENT CLAIMING SMALL (37 CFR 1.9(f) & 1.27(b))INDEF		Docket Number (Optional)				
Applicant, Patentee, or Identifier: Fra	nk Brooks					
Application or Patent No						
Filedor(ssued:						
Title: "Apparatus for Sci	reening Telephone Calls"					
As a below named inventor, I hereby s for purposes of paying reduced fees to	tate that i qualify as an independent inventi the Patent and Trademark Office describe	or as defined in 37 CFR 1.9(c) d in:				
the specification filed herewith	with title as listed above.					
the application identified above	the application identified above					
the patent identified above.						
grant, convey, or license, any rights in the under 37 CFR 1 9(c) if that person had	d, or licensed, and am under no obligation in invention to any person who would not quit made the invention, or to any concern whit) or a nonprofit organization under 37 CFR	alify as an independent inventor ich would not qualify as a small				
	i to which I have assigned, granted, conveyign, grant, convey, or license any rights in					
No such person, concern, or o	organization exists					
Each such person, concern, o	or organization is listed below					
stating their status as small entities. (I acknowledge the duty to file, in this at entitlement to small entity status prior	each named person, concern, or organization CFR 1.27) optication or patent, notification of any chars to paying, or at the time of paying, the ewhich status as a small entity is no longer a	ige in status resulting in loss of				
& Frank L.B.	rook	NAME OF INVENTOR				
Date Da	te D	ate				

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time wit, vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief information Officer. Patent and Trademark Office. DC 20231, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patenta, Washington.